



Congress needs to work together to provide quality Medicare for patients

By Ron Kuerbitz, Chair, Kidney Care Partners - 10/07/11 10:32 AM ET

Anyone who has ever witnessed a patient in a medical crisis knows the team approach necessary to saving a life. During these critical, life or death moments, the entire medical team of doctors, nurses and other healthcare personnel jumps into action, with each member playing a crucial role in helping the patient survive.

Today, as our elected officials struggle to revive an ailing economy and stop a hemorrhaging healthcare system, I am reminded of how essential teamwork will be to this process. True, Congress' 12 "Super Committee" members will do the lion's share of work in identifying solutions, but each and every health care provider group can do its own part to help save the system. To that end, the kidney care community believes it is important for Congress to avoid damaging across-the-board cuts to Medicare's End Stage Renal Disease (ESRD) program while considering policies that protect patients and save taxpayers' money.

Across-the-board cuts, like those that will occur if the Super Committee fails to reach agreement and "sequestration" triggers automatic cuts to all providers of up to two percent, will be particularly harmful to individuals on dialysis. Dialysis patients, typically very ill and often poor, are among the most vulnerable patients in the Medicare program. These Medicare beneficiaries rely on dialysis treatments three times a week to live. Because Medicare becomes available to individuals of all ages upon diagnosis with kidney failure, approximately 80 percent of all dialysis patients are Medicare beneficiaries. Forty percent of that population are "dual eligibles," meaning they also qualify for the Medicaid program for indigent care. So, funding cuts in Medicare have a direct and negative impact on care for patients.

Further, any move to cut Medicare funding for kidney care would destabilize a benefit that has among the lowest margins in the Medicare program. The Medicare Payment Advisory Commission (MedPAC) has consistently recognized the extremely narrow Medicare margins of dialysis facilities. In addition, recent implementation of Medicare's substantial dialysis payment reforms, including Medicare's first value-based purchasing program, are underway. These reforms have already resulted in funding reductions of more than two percent for dialysis care. Adding an across-the-board Medicare cut on top of these reductions would likely create economic instability in the Medicare ESRD program.

In an effort to do our part in the deficit reduction effort, the kidney care community

proposes that individuals who develop kidney failure while covered under the newly enacted Health Insurance Exchange plan simply be treated the same as those who have similar private coverage outside the Exchanges today. This parity would mean that individuals in the Exchanges would have the choice to maintain their private coverage for 30 months after their diagnosis with kidney failure, before Medicare takes over as primary payer, as is done today outside the Exchanges.

In addition, the subsidies available to assist individuals in purchasing Exchange coverage should also be available to these individuals during that 30-month window. Independent analysts that we have retained score this provision as raising several billion during the ten-year budget period, all while protecting the integrity of the Medicare ESRD benefit.

So, if we're going to improve the health of the Medicare program for future generations, it is incumbent upon all of us to work as a team towards a more cost efficient and intelligent health care system. Public health care dollars are precious and should be wisely and efficiently spent, and the kidney community is proud to do our part in putting forth cost-effective, patient-centered solutions that are good for taxpayers by saving the Medicare program billions, while ensuring choice and protecting quality for our citizens who rely on Medicare's dialysis benefit to live.

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